

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6						
7	1					
8						
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
18		1				
19	1					
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		1				
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	6					
Total Depend	19					
Total Claims	25					